

Healthy IncentivesSM

Appeal Request Form



Complete and return this form to Benefits, Payroll and Retirement Operations, Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333 – before submitting this form, you must first appeal to Healthways at 1-877-279-0624. **To be considered, this form must be received by Benefits, Payroll and Retirement Operations no later than September 15, 2009.**

Employee _____ Birth date _____

Mailing address _____ Apt _____

City _____ State _____ ZIP _____

Work phone _____ Home/cell phone _____

Person for whom appeal is being submitted and relationship to employee (self/spouse/domestic partner)

Date appeal was submitted to Healthways _____

Reason for denial by Healthways (*attach additional information as necessary*)

Reason for appeal to Benefits, Payroll and Retirement Operations (*attach additional information as necessary*)

Employee Signature _____ Date _____

For Office Use Only

Reason for approval/denial _____

Appeal approved/denied by (print name) _____

Signature _____ Date _____

Appeal override entered into PeopleSoft by (print name) _____

Signature _____ Date _____

	Date received	Received by	Appeal Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date effective
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